

ON THE FRONT

HIV/AIDS AND THE UNIFORMED SERVICES

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SNAPSHOTS FROM THE FIELD



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FROM THE AMERICAN PEOPLE

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This article is a companion to *On the Front: HIV/AIDS and the Uniformed Services*, a 13-minute documentary film produced by FHI with support from the Joint United Nations Programme on HIV/AIDS and the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development.

Cover photo: A Cambodian soldier watches an AIDS drama with military families outside Phnom Penh.

All photos by Robert Ritzenthaler.

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Lek, a Cambodian soldier with a soft voice and knowing smile, leads a fairly typical military life. He spends his days training and marching, his evenings playing cards and joking with friends to chase away the boredom. But something sets Lek apart from the others. When they drink and go in search of sex—to “have fun” as the local euphemism goes—Lek implores them to be careful and carry condoms. Not long ago they would have scoffed. Now, as they have learned more about Lek at the urging of their commanders, they are apt to listen. Lek is a soldier living with HIV.

“Many of my brothers see me as a model,” Lek says at a military hospital in Battambang Province, minutes after a ribbon-cutting ceremony for a new HIV care center. “I know that many soldiers have reduced their fun, especially drinking, marijuana and having sex.”

Armed forces, police and other uniformed personnel around the world are at serious risk of contracting and transmitting sexually transmitted infections (STIs), including HIV. Many factors place people like Lek and his comrades at elevated risk. They are generally young and sexually active, they are often posted away from their families or required to travel for extended periods, and they are immersed in a culture of invincibility, where risk-taking is not only encouraged, but is celebrated. Combined, these factors can affect personal behavior, including sexual behavior.

“The very training to make you a soldier or a policeman for that matter has to break you down and take the fear out of you as much as possible,” says Dr. Margaret Agama, HIV/AIDS policy advisor for the United Nations peacekeeping

mission in the Democratic Republic of Congo (DRC). “There is a culture of machoism, male machoism, where they think, ‘It can happen to everyone else but it can’t happen to me.’”

Indeed, HIV has exacted a heavy toll on the uniformed services, which generally have higher infection rates than civilian populations. During peacetime, armed forces personnel are two to five times more likely to have HIV than their civilian counterparts, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS). Infection rates among the



Dr. Margaret Agama, HIV/AIDS policy advisor for the United Nations peacekeeping mission in the Democratic Republic of Congo (DRC), leads an HIV discussion near the country's border with Rwanda.

armed services spike dramatically during times of conflict or demobilization, threatening national and regional security.

“Half of some armies are infected, particularly in countries heavily affected by the AIDS epidemic,” says Dr. Peter Piot, executive director of UNAIDS. “That has enormous security implications, personnel implications, in addition

to the suffering of the people themselves and their families.” Adds Ulf Kristoffersson, director of UNAIDS’ Office of AIDS, Security and Humanitarian Response, “One country in Southern Africa lost over 100 officers in one year, officers who had been trained from five to 20 years. You simply can’t replace these officers with a young recruit.”

But HIV/AIDS among the uniformed services is more than a national or regional security issue. When soldiers, police officers, immigration workers, customs agents or prison guards become infected with HIV, their families and communities are affected as well. “I believe wives of soldiers get more AIDS because their husbands are far away,” says Chea Kin Leang, wife of a Cambodian soldier. “They have fun with other women, contract the disease and infect their wives.”

Chea’s voice trails off as she reflects on an AIDS drama she had just attended with hundreds of soldiers and family members on their base, an hour’s drive from Phnom Penh. The performance, part of a series that features soldiers and spouses as actors, dramatized the dangers of alcohol abuse, infidelity and unprotected sex. “I believe in education, to learn more,” Chea resumes suddenly. “When husbands go away, they should know how to protect themselves.”

Advancing Programs for the Uniformed Services

Because of their command and control structures, uniformed services are uniquely placed to integrate HIV prevention, care and treatment services into their systems. National and civil defense forces around the world are working to make this happen. Their allies in this effort in-



A Tunisian peacekeeper in Kinshasa, Democratic Republic of Congo.

clude the U.S. government, the United Nations system and a range of local and international nongovernmental organizations (NGOs).

“The U.S. government—especially the U.S. Agency for International Development—has contributed significantly to the development of interventions among the military,” says Dr. Peter Lamptey, president of Family Health International’s Institute for HIV/AIDS in Arlington, Va. “Their involvement has been critical in involving the military in different parts of the world, especially in Africa.”

USAID has supported large-scale uniformed services programs in Cambodia, Ghana, Eritrea, Ethiopia, Indonesia, Nigeria and Thailand, among other countries. The Agency offers technical and financial assistance through a range of programs and projects, including the Implementing AIDS Prevention and Care (IMPACT) Project, managed by FHI. The primary focus is on HIV prevention—peer education, condom distribution, testing and counseling—though some programs have moved into care, support

and even treatment. Due largely to sustained sensitization efforts, defense ministers, generals and other high-ranking leaders speak openly about HIV/AIDS, encouraging behavior change and discouraging stigma toward those infected. These leaders reach beyond barracks and bases to influence society as a whole.



An AIDS drama on a military base near Phnom Penh. The performance highlights the link between alcohol consumption and HIV, and encourages acceptance of people living with the virus.

“In the past there was real discrimination,” says Lek, who began treatment with life-prolonging antiretroviral drugs in March 2004. “But since the organizations came to educate us, there is no more discrimination. People can eat and drink with me. People can touch me despite the sores on my skin. They can embrace me, play with me. My mind is relieved.”

Of all the international players, the United Nations has the most extensive reach in addressing HIV/AIDS among the uniformed services. Through its various bodies, chiefly UNAIDS, the Department of Peacekeeping Operations (DPKO), the United Nations Educational, Scientific and Cul-

tural Organization (UNESCO) and the United Nations Population Fund (UNFPA), the United Nations supports or implements programs for uniformed personnel in more than 60 countries. In collaboration with FHI, UNAIDS has developed a comprehensive peer education guide that addresses HIV/AIDS, STIs, human rights, sexual violence and gender. The Peer Education Kit for Uniformed Services is being incorporated into training curricula worldwide, helping young recruits and peacekeepers protect themselves and others from infection.

A Ghanaian peacekeeper describes some of what she learned in her training. “If you are going to enter into a relationship you should test for HIV,” she says on her dusty base in Kinshasa, DRC. “You have to know the history of your partner, of yourself, and you have to use condoms all the time.”

An Indonesian peacekeeper trained on AIDS issues now recognizes the seriousness of the epidemic. “We have to think of the next generation,” he says near a bank of sandbags in Bunia, DRC. “Imagine if in the next generation most people are infected with HIV? It will be a very big problem for the next generation and for future generations.”

Synchronizing Action

That uniformed services in so many countries are advancing HIV/AIDS programs with their government, donor and NGO allies is encouraging. But that in itself creates new obstacles. There is occasionally duplication of effort, and lessons are not always shared across countries and regions. To surmount these obstacles, FHI spearheaded a global Uniformed Services Task Force, which, in addition to FHI, comprises the U.S.

Department of Defense, the Futures Group, the Naval Health Research Center, Population Services International, UNAIDS and USAID. Task Force members meet periodically to network, develop tools to assist national and civil defenses, and identify and share best practices.

In 2001, the Task Force and representatives from Ghana, Kenya, Nigeria, South Africa and Zambia defined elements of comprehensive uniformed services programs. Topping the list is advocacy to garner support for HIV/AIDS programming among the highest ranks. Without the support of government ministers, generals and the like, it is difficult, if not impossible, to enact and enforce vital HIV/AIDS policies, such as confidentiality of HIV serostatus and long-term care for infected personnel. In historically “macho” environments, supportive leaders can also foster open and honest discussion of sex and sexuality.

“HIV/AIDS and other sexually transmitted diseases are linked to sex,” says Dr. Agama of the United Nations. “It’s a private, sensitive area, but it’s a life need, a necessity. If you can have a general, with all his stars and honors, standing in front of his men talking about such an area, that is a big plus. It sends the message all the way down.”

Another element of comprehensive programs for uniformed services is qualitative research to develop a clear picture of this unique subculture. Before allocating limited resources to HIV/AIDS, top leaders need to know what officers and the ranks value, what they do for recreation, how they perceive risk and risky behavior, where they get their information, where and when they seek STI and other health ser-



Members of a Chinese peacekeeping contingent participate in an AIDS discussion in eastern DRC.

vices, and when and how they use condoms. With this knowledge, leaders can effectively plan and implement other elements of comprehensive programs: basic and in-service HIV/AIDS training for all recruits and personnel; peer education and other communication activities that speak the language of the barracks; condom demonstration, distribution and promotion; quality HIV testing and counseling; strong STI diagnosis and treatment services; care and support for HIV-affected personnel and dependents; and monitoring and evaluation of these activities.

Making Headway

In many countries it is still too early to assess the impact of HIV/AIDS programs for the uniformed services. But programs in Cambodia, Ghana, Nigeria and other countries show clear signs of success. In Cambodia’s Kompong Chhnang Province, a significant drop in HIV prevalence is attributed to overlapping interventions—FHI-supported peer education and condom distribution efforts for the uniformed services, and the country’s 100 percent condom

policy, which seeks to enforce condom use in all commercial sex establishments nationwide.

“Four percent of our units were HIV-positive [in 1996],” says Colonel Touch Naroth, Police Commissioner in Kompong Chhnang. “Now we only have 0.65 percent. That means we have cut down the rate and our strategy works. It proves that our work is well done. It is not sales propaganda for condoms.”

In Ghana, the Armed Forces report a reduction in HIV prevalence among the ranks from 4.2 percent in 1989—when it launched its HIV/AIDS program with assistance from FHI—to an estimated 2.0 percent at the end of 2003. The Ghana Police Force, another FHI implementing partner, reports significant changes in knowledge and behavior since launching its program in 1998. Approximately 36 percent of police identified police stations as a source of condoms in 2002, compared to 0.6 in 2000. During that same period, reported condom use with non-regular, non-commercial partners every time in the past 12 months increased from 20.8 percent to 50.8 percent.

“We have been able to break barriers to condoms in the police service,” says Dr. Godfried Asiamah, Ghana’s chief superintendent of police. “Before our program, acquiring a condom in the police service was a bit difficult. Our men didn’t feel comfortable buying a condom or getting one. But now, because of what we’ve done, they freely talk about condoms, ask for them, and even talk to their spouses about it.”

Capturing Lessons

Uniformed services are gleaning important lessons through their work on HIV/AIDS. One is the need for top leaders to recognize the

HIV threat early and bring the full power of national and civil defenses to the fight. “When you perceive something as a national security threat, that’s something like your house is on fire,” says Major General Suebpong Sangkharomya, director general of Thailand’s Armed Forces Research Institute of Medical Sciences. “When your house is on fire, you call in everybody, mobilize every resource to put out the fire. So it’s the same with HIV/AIDS.”

Another lesson is that HIV/AIDS services for people in uniform can greatly benefit civilians as well. “Most military establishments have their own health services,” says Dr. Lamptey of FHI. “This is a unique opportunity to provide for those in the military, including their families, who already have HIV and have started developing symptoms and need care.”

There are many other lessons, some with global application and some unique to particular settings. What is clear is that HIV/AIDS programs for the uniformed services are needed, and that they can make a difference. “A national AIDS program is not complete without a very active HIV prevention and care component among the uniformed services,” says Dr. Piot of UNAIDS. “That should be true for every single country. That in itself can make an enormous contribution to decreasing infection rates, particularly among young people, but also in the population at large.”

Adds Lek, whose life was transformed first by HIV and then by a program to address it: “I send a message to the world that there is no drug to cure AIDS. The military, their relatives and friends must pay attention. If you want to have sex outside the family, you have to use a condom.” ♦